Module 1

Reproductive Tract Infections and Sexually Transmitted Infections

Training objectives

By the end of the training, participants will be able to:

1. Integrate Sexually Transmitted Infection (STI) prevention and care into their clinical setting and practice.
2. Reduce STI-related morbidity and mortality (including infertility).
3. Detect symptomatic and asymptomatic infections.
4. Prevent iatrogenic infection by following universal precautions, using aseptic technique, and ruling out or treating cervical infection before performing trans-cervical procedures.
5. Diagnose, manage and follow-up (RTIs/STIs) appropriately and according to standard guidelines.
6. Promote safer sex and encourage verbal communications about risk reduction among sexual partners.
7. Contribute to reducing the incidence of RTIs/STIs and HIV.

Training methods and activities

It is expected that the trainer will utilize different interactive training methods and activities:

- Brainstorming, open discussions
- Work groups
- Worksheets
- Case studies
- Visual displays and PowerPoint presentations

Agenda:

Module 1: RTI/STI	
Time	**Session**
09.00-9.30	Introductions, Expectations, Logistics and Ground Rules
09.30 – 09.45	pre-test
09.45 – 11.00	Background and Introduction to the RTI/STI General Precaution and Infection Prevention
11.00 – 11.15	**Break**
11.15 – 13.30	Clinical assessment Diagnosis, Management and Treatment of Five Common Complaints (syndromic approach)
13.30 – 13.45	**Break**
13.45 -14.30	Medical referral, partner management, follow up visits, Prevention and screening
14.30-15.00	Post test (and answers) Review participants expectations Closure
14.30 – 15.30	**Lunch**

Process:

1: Read the learning outcome of the module

Specific training objectives

By the end of the training, participants will be able to:

1. Diagnose, manage and follow-up (RTIs/STIs) appropriately and according to standard guidelines.
2. Integrate Sexually Transmitted Infection (STI) prevention and care into their clinical setting and practice.
3. Reduce STI-related morbidity and mortality (including infertility).
4. Promote safer sex and encourage verbal communications about risk reduction among sexual partners.
5. Prevent iatrogenic infection by following universal precautions, using aseptic technique, and ruling out or treating cervical infection before performing trans-cervical procedures.
6. Contribute to reducing the incidence of RTIs/STIs and HIV.

Session 1 :(9.45 – 11.00)

A: Introduction to RTI/STI

Length	45 minutes
Overview	This session introduces RTI/STI
Learning outcom	By the end of the session, participants should be able to: Define RTI/STI Identify consequences of RTI/STIs Classify RTI/STIs (based on site and causative agents) Identify source of infections
Materials	- Markers and flip charts or whiteboards - printed Annex (**Table** 1: Source of Infections of RTIs/STIs and H They Are Spread) /page 20
Methodology	Interactive presentation

Process:

1: - Read the learning outcomes

Learning outcomes

By the end of the session, participants should be able to:

- ✓Define RTI/STI
- ✓Identify consequences of RTI/STIs
- ✓Classify RTI/STIs (based on site and causative agents)
- ✓Identify source of infections

2: Discuss with the participants the definition of Health/Reproductive health, stress that safe sex is a component of the definition of RH

WHO's definition

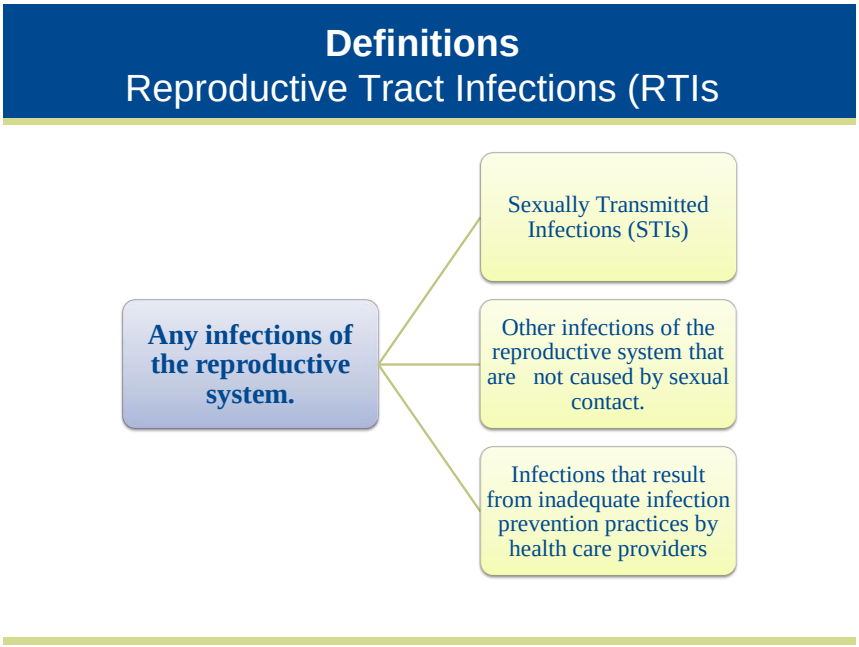
Health
is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity,

Reproductive health
addresses the reproductive processes, functions and system at all stages of life.

People
are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

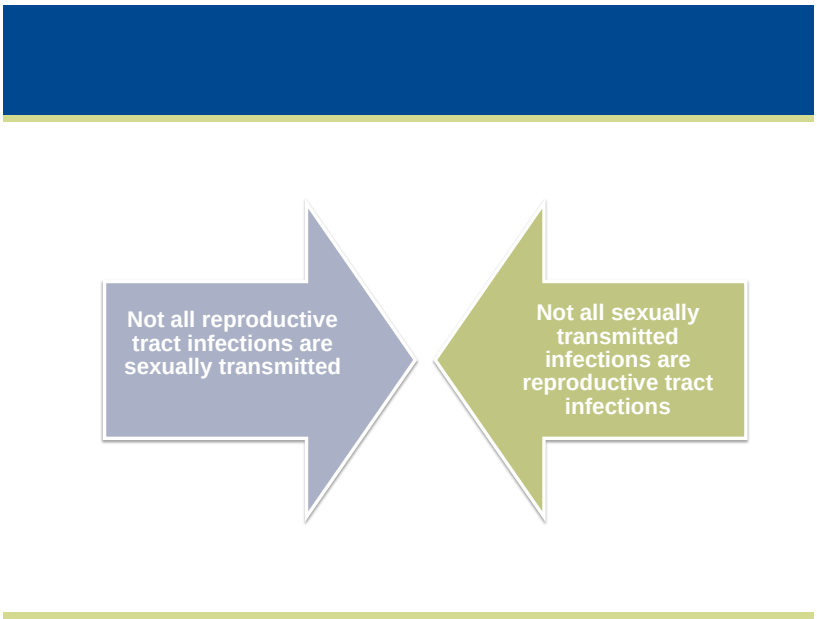
3: Ask the participants to define RTIs and STIs, open the discussion and write suggested definitions on the flip chart .

Present the definitions



4: As STDs diagnosis might carry some stigma.

Stress on the fact that not all RTIs are STIs



5: Ask a question "*Why it is important to prevent, screen and manage RTI/STIs?*" and "*what are the consequences?*"

Lead the discussions to specify the affected groups; women, men and the newborn. Write the answers on the flip chart and then show the slide. Stress the fact that compared to men, women suffer more severe long term consequences

Complications and Consequences:

Pelvic Inflammatory Disease (PID), ectopic pregnancy, preterm labor, miscarriage, infertility, cervical cancer and death. Increased risk of HIV/AIDS and increase the risk of sexual transmission of HIV.

congenital syphilis, neonatal conjunctivitis from gonorrhea or chlamydia, perinatal hepatitis, maternal to child transmission of HIV (MTCT of HIV) and stillbirth.

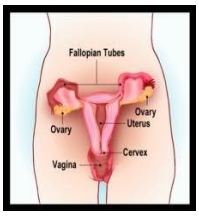
infertility, epididymitis, Hepatitis B, stricture of the urethra and increased chance of acquiring HIV/AIDS.

6: Present the classification of RTI/STIs (based on site and causative agents)

Classification (per site and causative agents)

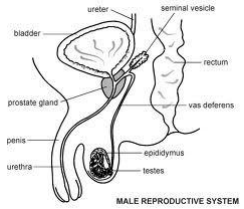
Upper Genital Tract Infections:

- Affect the uterus, tubes, ovaries and other pelvic organs.
- Common causal agents are:
  1. Chlamydia trachomatis,
  2. Neisseria gonorrhea,
  3. aerobic and anaerobic vaginal flora.



Lower Genital Tract Infections:

- Affect vagina, cervix, Bartholdi glands and external genitalia.
- The etiologic agents of lower genital tract infections
  1. Candida albicans,
  2. Trichomonas vaginalis
  3. multiple organisms like Gardenella vaginalis, Bacteroides
  4. and Peptococci are responsible for Bacterial vaginosis



Specify the classification into upper (above cervix) and lower (below the cervix)

For the male genitalia there is no clear classification per site

7: Present the classification of RTI/STIs (based on site and causative agents)

Ask the question “what are the sources of infections (infectious agents)?”

Where do they come from?

How do they spread?

Examples?

Refer to (Table 1: Source of Infections of RTIs/STIs and How They Are Spread) printed from A Clinical Guide for Reproductive Tract Infections and Sexually Transmitted Infections for Private Physicians (annex 1). This table should be previously printed and included in participants folder

Endogenous infections; Candidiasis, bacterial vaginosis

Sexually transmitted infections; Gonorrhoea, chlamydia, syphilis, chancroid, trichomoniasis, genital herpes, HPV, HIV, molluscum contagiosum

Iatrogenic infections; Pelvic inflammatory disease (PID) following abortion or any trans-cervical procedure

Source of Infections

- **Endogenous infections** (Organisms normally found in vagina)
- **Sexually transmitted infections** (Sexual partners with STI)
- **Iatrogenic infections** (Inside or outside the body; Endogenous(vagina) STI (cervix or vagina) or Contamination from outside)

B: General Precaution and Infection Prevention

Length	30 minutes
Overview	This session introduces The Standard Universal Precautions
Learning outcomes	By the end of the session, participants should be able to: - Describe and apply The Standard Universal Precautions into their practice and work place
Materials	- Markers and flip charts or whiteboards
Methodolog	Interactive presentation

1: Read the learning outcomes:

Learning outcomes

By the end of the session, participants should be able to:

- Define the Standard Universal Precautions
- Recognize the Standard Universal Precautions

2: - Ask participants *"Can you name the priority activities to prevent transmission of RTI/STIs"*

3: - Explain that you will now review universal precautions that are now called 'standard' precautions.

General Precaution and Infection Prevention

What are standard (universal) precautions?

- **Simple infection control measures** that reduce the risk of transmission of blood borne pathogens through **exposure to blood or body fluids** among patients and health care workers

- Blood and body fluids from **all persons** should be considered as **infected with HIV**, regardless of the known or suspected status of the person

4: Ask participants: ***"Can you name the activities that are part of standard precautions?"***

- Take 1 minute to facilitate feedback and click to show answers

General Precaution and Infection Prevention

Standard precautions

- Wash hands
- Wear gloves for contact with body fluids, non-intact skin and mucous membranes
- Wear mask, eye protection, gown, if blood or other body fluids might splash
- Cover cuts and abrasions with a waterproof dressing
- Handle needles and sharps safely
- Dispose needles and sharps in puncture- and liquid-proof safety boxes
- Process instruments correctly
- Clean up spills of blood or other body fluids promptly and carefully
- Dispose of contaminated waste safely

SRH coordinators must ensure availability of supplies and protocols

5: Explain in brief instrument processing in work areas (clinics and health facilities)

Decontamination in alcohol for 10 minutes, washing with detergent and water using a brush and then high –level disinfection using hot oven or sterilizer (170 C for 1 hr or 160C for 2 hrs

General Precaution and Infection Prevention

Instrument processing

It is important to perform the steps in the appropriate order for several reasons:

1. Decontamination kills viruses (HIV and Hep B) and should always be done first to make items safer to handle
2. Cleaning should be done before sterilization or HLD to remove debris

3. Sterilization (eliminates all pathogens) should be done before use or storage to minimize the risk of infections during procedures. (HLD may not eliminate spores)

4. Items should be used or properly stored immediately after sterilization

Session 2 :(11.15 – 13.30)

Clinical Assessment: Diagnosis, Management and Treatment of Five Common Complaints

Length	75 minutes
Overview	This session introduces clinical assessment of symptomatic/ non symptomatic cases of RTI/STI Diagnosis, Management and Treatment of Five Common Complaints
Learning outcom	By the end of the session, participants should be able to: • Define the presenting complaint; For each complaint; assess, provide counseling, develop management plan and tr infections • Assess the risk factors depending on sexual and social behav • Screen the patient for STIs and associated conditions • Educate the patient on sex modification and promote safe se practices • Limit the spread of STIs in the community and if possible tr contacts
Materials	- Markers and flip charts or whiteboards Printed annexes I-VIII Printed case studies
Methodology	Interactive presentation

Process:

1: Present the learning outcome

Learning outcomes

By the end of the session, participants should be able to:

- Define the 5 main presenting complaint and conduct assessment, provide counseling and management
- Assess the risk factors depending on sexual and social behaviors
- Screen the patient for STIs and associated conditions
- Educate the patient on sex modification and promote safe sex practices
- Limit the spread of STIs in the community and if possible trace contacts

2:Explain that the clinical assessment will follow the syndromic approach of 5 major presenting complaints

Main complaints

1. Vaginal discharge
2. Lower abdominal pain
3. Genital ulcers
4. Urethral discharge
5. Ano- genital lesions

3: Provide a model clinical assessment of the first complaint (vaginal discharge)

Study case 1

A 32 years married woman, presented to your clinic with a history of vaginal discharge of 2 days duration.

1. **What are the pre – requisites and precautions to be taken into consideration in assessment of the case ?**
2. **What are the pertinent questions to be asked?**
3. **If the patient indicated that the discharge is whitish in color and associated with itching, what would you look for in the physical examination?**
4. **During the speculum vaginal examination you observe a whitish thick vaginal discharge, what laboratory and specialized tests would you consider?**

4: Discuss the precautions needed to be consider while assessing the case; privacy, confidentiality, documentation in a medical file, take a consent before proceeding for any physical ex or lab test, good lightening, availability of all expected needed instruments and infection control standard precautions .

5: Refer to next slide to discuss history taking

History taking

- Chief complaint
- Hx. Of present illnesses
- Review of systems
- Past medical and surgical hx.
- Drug hx.
- Social hx.
- Obst. and Gynecological hx, Reproductive plans / contraception use
- Risk factors

During history taking, a systematic scheme should be followed (as mentioned in the slide) and all these aspects should be considered

The main chief complaints has to be identified (by pt. words)

A detailed description of the presenting complaint; color, smell, duration, presence of blood, relation to menstrual cycle and intercourse, associated symptoms like itching

Description of pertinent review of systematic manifestations, rash, skin lesions, ulcers, arthritis, abdominal pain etc

General medical and surgical hx. Including previous similar complaint, previous treatment, hospitalization, surgical procedure; abscess drainage . Medical problems; diabetes.

Drug hx; for similar complaint and chronic medication and drug abuse including alcohol

Social hx/sexual hx; marital status, sexual behavior (pt and partner), insurance

Specific Obst. and Gyne hx; LMP, menstrual hx,parity, hx of infertility and infertility treatment, IMB and PCB, contraception

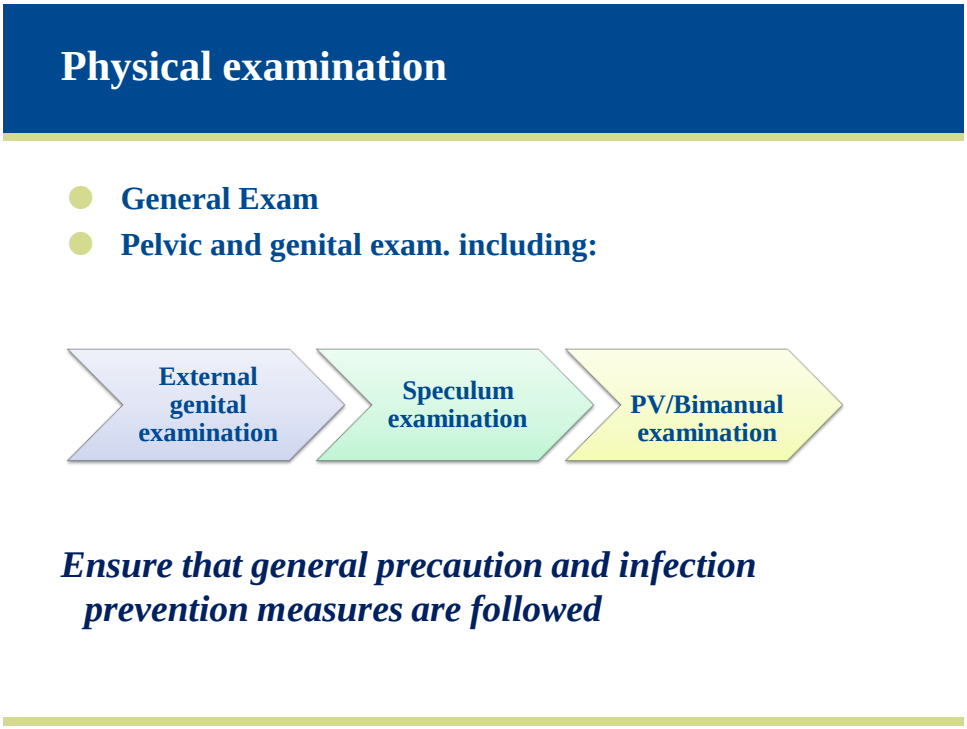
Associated risk factors (refer to next slide)

6:Specify risk factors for acquiring RTI/STIs

Risk factors

- Age less than 20 years
- Multiple partners
- Partner with multiple partners
- Partner who often travels
- Previously diagnosed with STIs, PID or Trichomonas vaginalis
- Partner with symptoms of STIs
- Anal or oral sexual intercourse
- History of sexual abuse

7: lead the discussion to cover all aspects of physical examination



General Ex; general look, skin lesions, joint swellings

Genital external ex; vulval lesions, ulcers, warts, itching marks, apparent discharge, lymph nodes ex,

Speculum ex, description of the discharge, cervical appearance, erythema, bloody discharge, erosions

Bimanual ex; uterine size and direction, tenderness, mobility, adnexal masses

8: Show picture demonstrating 2 common vaginal discharges as seen be speculum examination; candidiasis / trichomoniasis

9: Lead the discussion to cover all aspects of laboratory tests

Laboratory tests

- **Vaginal pH**
- **Microscopy (Wet Mount)**
- **Culture**
- **Gram stain**
- **Serology tests**
- **Urethral swab,**
- **Pap smear,**
- **Screening for other STIs**

Discuss specific precaution in obtaining lab tests; pt consent, aseptic techniques, proper documentation of pt. information(name, age, LMP, drug hx, clinical data)

Show some pertinent results

Results of vaginal PH:

- Normal Vaginal pH 4-4.5 (acidic)
- Candida 4-4.5
- Bacterial vaginosis or Trichomoniasis > 4.5
- Contamination > 4.5

Discuss the slide with the participants

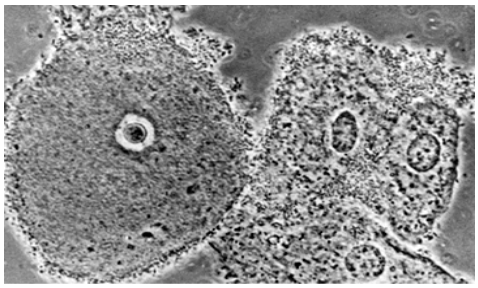
Wet mount test results

Organism	Wet mount	KOH
BV	Clue cells PMN	Fishy amine odor “whiffing”
TV	Motile trichomonads PMNs	
Candida	Buds or hyphae	Pseudohyphae

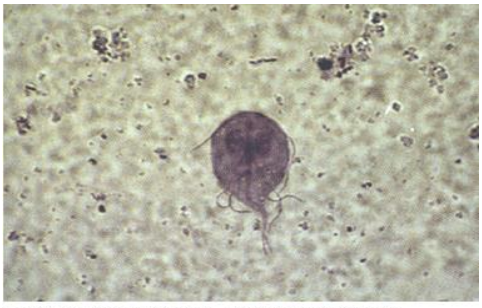
Discuss the slide with the participants, refer to next slides for microscopic appearances of some RTIs/STIs, ask one participant to explain the finding and the diagnosis

A diagnostic finding of bacterial vaginosis

Clue cells



Trichomonas vaginalis



Trichomonas vaginalis High power microscopy revealing Trichomonas vaginalis with easily identified flagella. Courtesy of Jack D Sobel, MD.

Candida albicans

Candida albicans vaginitis Low power micrograph of hyphal elements seen on 10 percent KOH examination of a patient with C. albicans vaginitis. Courtesy of Jack D Sobel, MD.

Culture swab/ Culture -Candidal inf.

10: For study case 1 (vaginal discharge) complete the table based on open discussion with the participants. Refer to **(annex 2)**Filled table Show this table and ask the groups to fill in according to each case

Vaginal discharge

Organism	Signs & Symptoms	Lab. Tests	Complications	Treatment	Treat partner
Bacterial vaginosis	Unpleasant, "fishy smelling" discharge more noticeable after unprotected intercourse	Vaginal pH> 4.5 Saline wet mount Clue cells >20% KOH, Positive whiffamine test	Acquisition of other STI Cervical neoplasia. Increased PID risk	Metronidazole	No
Trichomonas vaginalis	Purulent, mal-odorous, thin discharge Punctate hemorrhages.	Vaginal pH > 4.5 Saline wet mount Motile trichomonads Increase in PMN	Cervical neoplasia Acquisition of other STI Tubal infertility	Metronidazole	Yes
Candida albicans	Vulvar pruritus, dysuria, soreness, irritation, and dyspareunia	Vaginal pH is typically 4 to 4.5 Saline wet mount Budding yeast & hyphae. KOH Pseudohyphae (90%)		Miconazole Fluconazole	No

11: Divide the participants into 4 groups

Group work

- **Group 1: lower abdominal pain**
- **Group 2: genital ulcers**
- **Group 3: urethral discharge**
- **Group 4: ano-genital lesions**

Explain to each group to identify a facilitator and a reporter.

Disseminate the below case studies and the table to each group

Members of the group have to discuss in specific; Differential diagnosis by complaint

Write on a flip paper to be presented to the other groups.

Time available for discussions and writing is 30 minutes and each group will take 10 min. to present and discuss.

(use below table)

Study case 2

A 35 years married woman, presented to your clinic with lower abdominal pain and fever of one day duration

1. **What are the pertinent questions to be asked?(D.Dx)**
2. **If the patient indicated that that she has vaginal spotting since 3 days after IUD insertion, what would you look for in the physical examination?**
3. **What laboratory and specialized tests would you consider?**
4. **When and where to refer the case ?**

A case of PID following IUD insertion (iatrogenic infection).

1- D.Dx ; UTI, pyelonephritis, appendicitis (ask questions accordingly)
2- Look for tenderness, uterine size and direction, tenderness, mobility, adnexal masses
3- Urine analysis, CBC/WBC

4- start treatment with wide spectrum antibiotics ; **Ceftriaxone** 250 mg IM +**Doxycycline** 100mg twice daily for 14 days
+**Metronidazole**100mg twice daily for 14 days

Refer if complicated or no response to treatment

Study case 3

A 22 years 30 wks pregnant woman presented to your clinic for antenatal care with history of vulval pain and itching and noticed ulcerations

1. **What are the pertinent questions to be asked?**
2. **If the patient indicated that that she has the same complaints before pregnancy that healed spontaneously , what would you look for in the physical examination?**
3. **What laboratory and specialized tests would you consider?**
4. **When and where to consider referral of the case?**

1- D.Dx; HSV, Syphilis and chancroid (ask accordingly)
2- This is typical in HSV, look for other lesions
3- serology for HSV, VDRL for Syphilis and culture for Chancroid
4- if complicated, near delivery to discuss mode of delivery depending on activity of the disease

Treatment is Acyclovir (can be given in pregnancy)

Study case 4

A 22 years young male presented to your clinic with dysuria

1. What are the pertinent questions to be asked?
2. If the patient indicated that he noticed a urethral discharge , what would you look for in the physical examination?
3. What laboratory and specialized tests would you consider?
4. What would you consider in this case management?

In case of urethral discharge, gonorrhea is the main causative agent follow by Chlamydia

Look for other STIs

To confirm take swab for culture

Treat patient and partner/s

Treatment; **Cefixime** 400 mg orally as a single dose +**Azithromycin** 1 g orally as single dose

Study case 5

A 30 years woman presented to your clinic with history peri-anal skin small masses

1. **What are the pertinent questions to be asked?**
2. **If the patient indicated that that she has post-coital bleeding and inter-menstrual spotting, what would you look for in the physical examination?**
3. **What laboratory and specialized tests would you consider?**

Show this table and ask the groups to fill in according to each case

Distribute a previously printed table on a flip paper to be filled

Each group will present the table and discuss the findings with other groups

Organism	Signs & symptoms	Diagnosis	Complications	Treatment	Treat partner

11: discuss with the participants the overall management outline

Ask one participant (per point) to read loudly and discuss each point

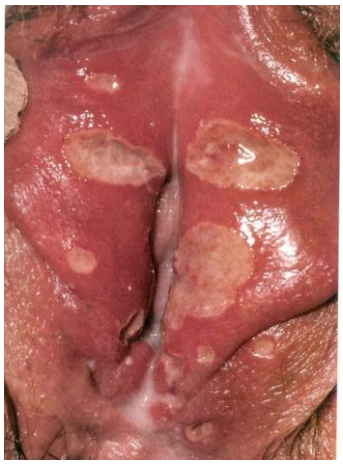
General Management outline

- Educate and counsel on risk reduction
- Promote and provide condoms
- Manage and treat partner
- Offer HIV counseling and testing when appropriate
- Women treated for bacterial vaginosis or candidiasis can resume intercourse as soon as they feel comfortable
- Women treated for STIs should avoid sex totally until treatment is completed (at least 7 days) or use condom
- Ask patient to return in 7 days if symptoms persist

Ask the participants to open their folders and management algorithm per complaint would be discussed / management algorithms

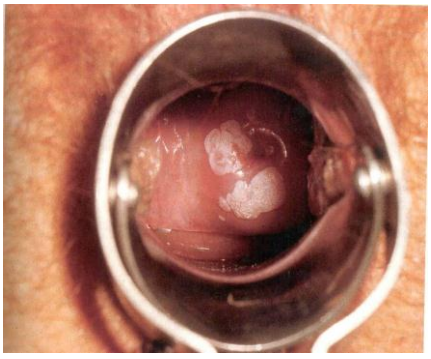
12: For all the picture slides , ask the participants to describe the lesion and diagnosis

Primary/secondary syphilis



Urethral discharge

Genital warts



Anal condyloma

Anal condyloma Photograph shows the characteristic verrucous, pink or skin-colored, papilliform appearance of anal condyloma accuminata. In contrast, anal squamous cell carcinoma has a smooth and pearly appearance and may contain areas of hemorrhage and necrosis. (Reproduced by permission from the American Society of Colon and Rectal Surgeons.)

For all the picture slides , ask the participants to describe the lesion and diagnosis

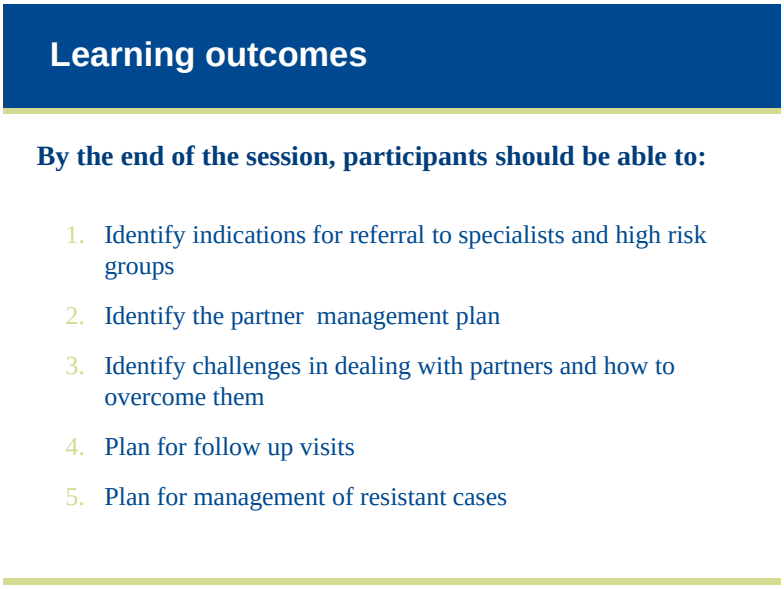
Session 3 :(13.45 – 14.30)

A: Medical referral, partner management, follow up visits

Length	45 minutes
Overview	This session introduces needed medical referral, partner management and follow up visits
Learning outc	By the end of the session, participants should be able to: • Identify indications for referral to specialists and high risk grou • Identify the partner management plan • Identify challenges in dealing with partners and how to overcor them • Plan for follow up visits • Plan for management of resistant cases
Materials	- Markers and flip charts or whiteboards
Methodology	Interactive presentation

Process:

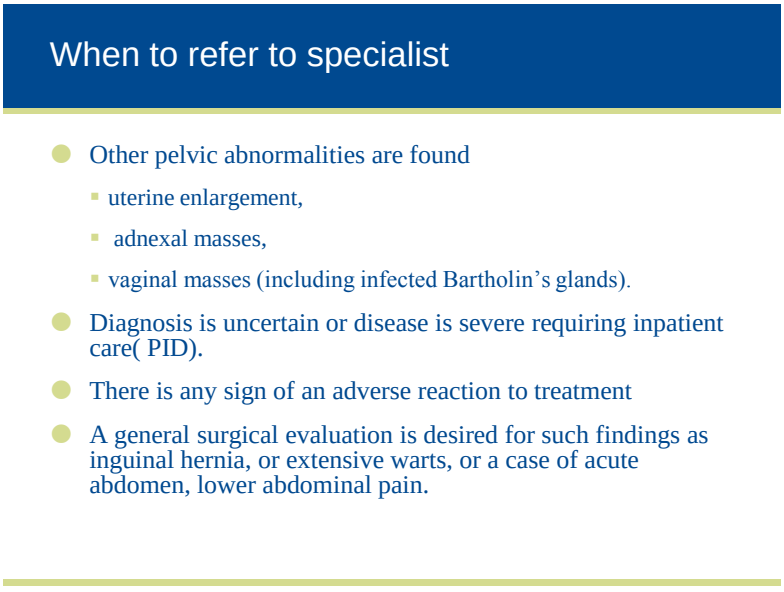
1: Present the learning outcome



2: Ask the question ***"when to refer cases of RTI/STIs"***

Facilitate an open discussion and write the proposed answers on a flip chart

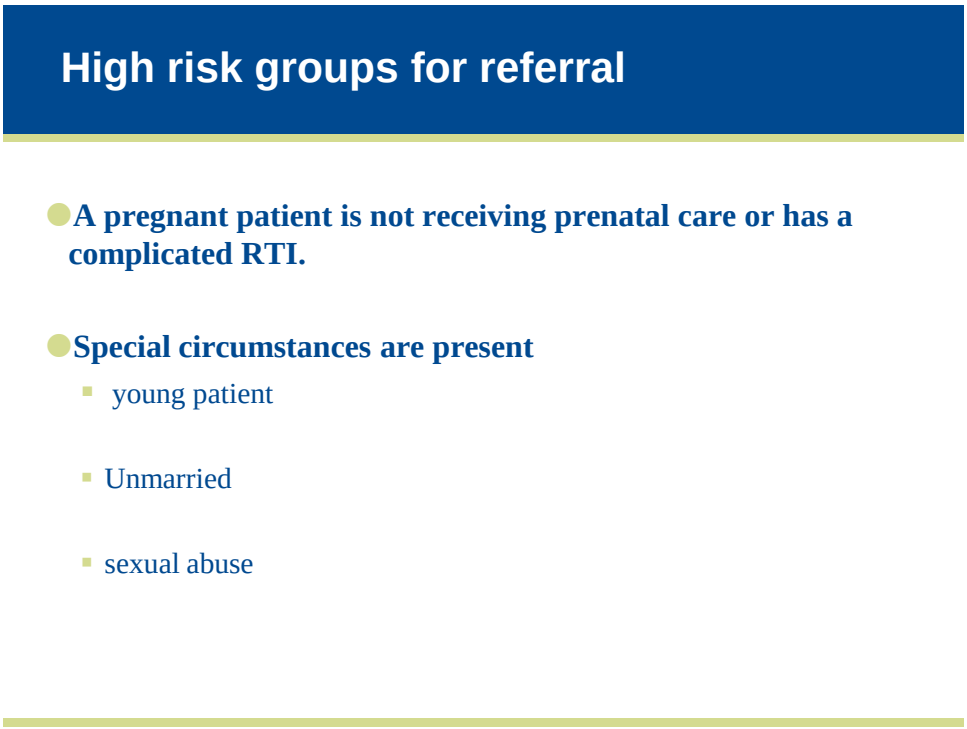
Present the answers on the slide



3: Ask the question ***"what are the high risk groups for complications and warrant a referral?"***

Facilitate an open discussion and write the proposed answers on a flip chart

Present the answers on the slide



4: Discuss components of partner management

Ask the participants***: "what are the components of proper partner management?"***

5: Open discussions in proposed challenges facing health providers in dealing with partners

Discuss suggested solutions

Challenges in dealing with partners

- The concept of notification may be very threatening to the client
- Many clients, especially women, find it very difficult to discuss the problem with their partner
- Some partners do not believe they have a disease, especially if they have no symptoms, so they refuse to come for treatment

6: Present notification systems and discuss with the participants preferred approach in the local context

Suggested approaches in partner notification

- Client-led system of notification and referral
- Client-led system of treatment
- Provider-led system of notification

7:Discuss with the participants the components of the follow up visits

Component of follow up visits

- Clinical assessment
- Assess treatment compliance
- Assess causes of treatment failure
- Re-infection/Recurrence
- Management of recurrence

8: RTI/STIs in pregnancy

RTIs/STDs and Pregnancy, Labor and Contraception Use

Some STDs (like syphilis and HIV) cross the placenta and infect the baby while it is in the uterus

Other STDs (like gonorrhea, chlamydia, hepatitis B, and genital herpes) can be transmitted from the mother to the baby during delivery as the baby passes through the birth canal

Discuss with the participants consequences of RTI/STIs in pregnancy

Pregnancy

- Pregnant women can become infected with RTI/STIs
- Most common infections are bacterial vaginosis and genital herpes
- STDs can be passed from a pregnant woman to the baby before, during, or after the baby's birth
- It is recommended to screen all pregnant women for STIs
- Chlamydia, gonorrhea, syphilis, trichomoniasis, and bacterial vaginosis (BV) can be treated and cured with antibiotics during pregnancy.
- Alternative medications should be selected based on safety

Cont.

- A pregnant woman with an STD may have early onset of labor, premature rupture of the membranes surrounding the baby in the uterus, and uterine infection after delivery.
- The harmful effects of STDs in babies may include stillbirth, low birth weight, conjunctivitis, pneumonia, neonatal sepsis, neurologic damage, blindness, deafness, acute hepatitis, meningitis, chronic liver disease, and cirrhosis.

Discuss with the participants the alternative treatment in pregnancy

Treatment options in pregnancy

infection	Treatment
Bacteria vaginosis	Metronidazole
Trichomonas vaginalis	Metronidazole ONLY if symptomatic
Candida albicans	Miconazole topical Imidazoles
Chlamydia trachomatis	Erythromycin or Azithromycin or Amoxicillin
Neisseria gonorrhea	Cefixime or Ceftriaxone
Syphilis	Benzathine Penicillin or Erythromycin
Genital herpes	Acyclovir is not known to be harmful in pregnancy
Chancroid	Erythromycin

Discuss options for delivery based on possibility of transmission during labor

Labor

- **women with recurrent genital herpetic lesions at the onset of labor recommended to deliver by cesarean section to prevent neonatal herpes. However, cesarean section does not completely eliminate the risk for HSV transmission to the infant. The risk of transmission of HSV to the neonate is 30-50%.**

9: RTI/STIs and contraception

Show the table and discuss the protective role in RTI/STIs

Stress the fact that patient has to use barrier methods while on treatment

Contraceptive Choice and RTIs:-1

	Bacterial RTIs
Condoms	Protective
Spermicides	Modestly Protective against Gonorrhea and Chlamydia
Diaphragms	-Protective against vaginal Infection -Associated with anaerobic overgrowth
Hormonal	-Associated with increased cervical chlamydia -Decrease symptomatic PID
IUDs	Associated with PID in first month post insertion
Fertility Awareness	Non protective

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Contraceptive Choice and RTIs:-2

	Viral RTIs
Condoms	**Protective**
Spermicides	**No evidence of Protection**
Diaphragms	**Protective against cervical neoplasia**
Hormonal	**Non protective/Use of COC for 5 years or more appears to speed up the development of persistent HPV infection into cervical cancer.**
IUDs	**Non protective**
Fertility Awareness	**Non protective**

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B:Prevention and screening

Length	10 minutes
Overview	This session introduces concept of prevention
Learning outcom	By the end of the session, participants should be able to: Describe main steps toward prevention of RTI/STIs
Materials	- Markers and flip charts or whiteboards
Methodology	Interactive presentation

1: Ask the question ***"what is the best approach to prevent infection?"***

Ask the participants to suggest steps in prevention of infection taking into consideration source of infections

Write the answers on the flip chart and show the slides

Primary Prevention

The best approach to preventing STI is to avoid exposure

1. Long term mutually monogamous relationship with an uninfected partner
2. Promotion of safe sex practices --Condom use
3. Pre-exposure immunizations for vaccine-preventable STIs such as Hepatitis B and Human Papilloma Virus (HPV).
4. Preventing iatrogenic infection by following universal precautions, using aseptic technique, and ruling out or treating cervical infection before performing transcervical procedures

Main prevention concepts

1. Education and counseling on safer sexual behavior in persons at risk.
2. Identification of asymptomatic infected persons (screening)
3. Effective diagnosis and treatment of infected persons**.**
4. Evaluation, treatment, and counseling of sex partners of persons infected with an STIs.

Discuss the concepts with the participants

2:Discuss with the participants the concepts of screening of RTI/STIs

Screening

- Some RTI/STD are asymptomatic:
- Some STD dose not have local symptoms and systematic manifestations appear after incubation period(HIV, HB, HC)
- Available Screening Tools
  - Pap-smear
  - Serological testing